

DEPARTMENT OF NATURAL RESOURCES

AGREEMENT FOR VOLUNTARY SERVICES

SECTION ONE (TO BE COMPLETED BY VOLUNTEER)

NAME (Print or type): _____

Last

First

Middle Initial

ADDRESS (Print): _____

Street Number

City

State

Zip

1. I have reviewed the description of work to be performed and amount of time required (See attached Work Description).
2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.
3. I understand that either the Department or I may cancel this agreement at any time by notifying the other party.
4. I give my permission for free use of my name, voice, and picture in any media coverage of my volunteer service.
5. I hereby declare, to the best of my knowledge, I am in good physical health. I also understand that the activities I will be performing may be physically demanding (See attached Work Description).
6. I understand that, if I am injured or involved in an accident while providing volunteer services to the Department, Worker's Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
7. I understand I may be subject to a criminal record check or other background investigation.

I hereby volunteer my services, as described in the attached Work Description, to assist the Department of Natural Resources in its authorized work.

Signature of Volunteer

Date

Approval Signature of Parent/Guardian, if under 18 years

Date

SECTION TWO

(To be completed by the Department of Natural Resources)

While this agreement is in effect, the Department of Natural Resources agrees, to:

1. Accept you as a State volunteer and recognize your rights under UCA 63-34 (9) (10) (11) (12).
2. Authorize you to work as a volunteer according to the attached Work Description.
3. Reimburse your pre-approved actual volunteer related expenses, to the extent funds are available.
4. When applicable, authorize you to ride in or operate a State motor vehicle. (A copy of valid Utah Driver's License shall be attached to the Work Description form if the volunteer will be authorized to drive a vehicle while performing volunteer services.)

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a First Report of Injury form must be completed and submitted to the Human Resource Office..

Jo Proctor Coordinator of Volunteer _____
Supervisor Signature *Title* *Date*

Volunteers may work at multiple work sites and on multiple dates across a three year period beginning the date of issuance.
Print name and location of work site (Division/Office/Park/Facility) LOWORG: 5031 RFC

I grant authorization to utilize the services of this individual as a volunteer, as noted in the attached work description.

DNR Executive Director(or designee) Signature *Date*

For myself and as the authorized representative of the agency chief executive.

Director, Human Resources *Date*

Revised Date: 3-15-97

VOLUNTEER WORK DESCRIPTION

JOB TITLE: Dedicated Hunter Conservation Project

WORK LOCATION: Dedicated Hunter volunteers may work at multiple work sites and on multiple dates across a three year period beginning the date of issuance.

DESCRIPTION OF WORK TO BE COMPLETED (Describe duties and physical demands -- Use reverse side of form if necessary): Conservation projects take on a wide variety of descriptions, but are generally described as UDWR approved activities where the resultant outcome benefits Utah's wildlife resource and the habitats on which wildlife depend or recreationists who utilize & enjoy those resources. At times operation of state vehicles (4-wheel drive, OHV, boats) or other equipment (chainsaws, posthole augers, computers) may be required.

Work may be outdoors in remote locations or indoors and may require heavy lifting or strong physical exertion. Examples of projects include fence construction, wildlife habitat development, routine office/clerical activities, and observation of wildlife or recreationist behavior.

IF VOLUNTEER WILL BE OPERATING A STATE VEHICLE, A COPY OF A VALID UTAH DRIVER'S LICENCE MUST BE ATTACHED.

TIME REQUIRED **Hours per day (if appropriate):** 12 **Days of the week (if appropriate):** all days
Total time commitment (hours, days, weeks, or month): minimum 24 hours in 3-year period

OTHER INFORMATION (Use reverse side of form if necessary): NONE

VOLUNTEER

- I have reviewed the description of the work to be performed and am aware of the physical demands associated with that work.
- I agree to carry out the specified duties and work the time identified to the best of my abilities.

Volunteer Signature

Date

Emergency Contact (Print):

Name: _____

Address: _____
Street Number *City* *State* *Zip*

Phone Number: _____
 Home *Work*

TRAINING PROVIDED TO VOLUNTEER (Use reverse side of form if necessary):

Subject Required: _____ Date Provided: _____

Subject Required: _____ Date Provided: _____

Subject Required: _____ Date Provided: _____